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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>The 2016 Committee</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00569905</span> </div>
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Check if ☐ 24-hour report   
 ☒ 48-hour report   
 ☒ New report   
 ☐ Amends report filed on
 

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D D /

Y Y Y Y

Full Name of Payee <b>ADVANCED RESPONSE SYSTEMS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2015	
Mailing Address 13175 GEORGE WEBER DRIVE		Amount 1500.00	
City ROGERS	State MN	Zip Code 55374-8900	Transaction ID : SE24.1073
Purpose of Expenditure DIRECT MAIL - POSTAGE	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2015
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	1666077.81		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

Full Name of Payee <b>ALLEGRA</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2015	
Mailing Address 45668 TERMINAL DRIVE		Amount 131.09	
City DULLES	State VA	Zip Code 20166-4390	Transaction ID : <b>SE24.1076</b> Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2015
Purpose of Expenditure DIRECT MAIL - PRINTING	Category/ Type	004	
Name of Federal Candidate DR. BEN CARSON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	1666208.90	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	1631.09
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

*[Electronically Filed]*

Date \_\_\_\_\_

Signature